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Health Services
LOS ANGELES COUNTY

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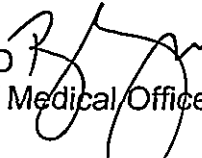
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through leadership,
service and education.*



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September 7, 2007

TO: Each Supervisor

FROM: Bruce Chernof, MD 
Director and Chief Medical Officer

SUBJECT: **STATUS OF THE IMPLEMENTATION OF THE
CONTINGENCY SERVICES PLAN AT MARTIN
LUTHER KING, JR. – HARBOR HOSPITAL**

This is to provide your Board with a weekly report on the status of the Martin Luther King, Jr. Multi-Service Ambulatory Care Center (MLK MACC), the impact of the closure of MLK-Harbor Hospital, and the progress of the plan to reopen MLK Hospital.

MLK MACC Service Indicators

Urgent Care

There were 303 adult urgent care visits in the week ending August 25, 2007 (Attachment I). This is comparable to the number of visits for the same week last year (290 visits in the week ending August 26, 2006). In addition, 52 pediatric urgent care visits were provided during the week ending August 25, 2007. This is consistent with the Department's annualized projection of 20,000 urgent care visits per year.

Outpatient Primary and Specialty Care Visits

The number of outpatient primary and specialty care visits remained level in July and August 2007 (Attachment I). The number of outpatient primary and specialty care visits for the week ending August 25, 2007 was 2,036.

Patient Transportation for Scheduled Appointments

Transportation services are available between MLK MACC, Harbor-UCLA Medical Center, Hubert H. Humphrey Comprehensive Health Center, and Dollarhide Health Center. Patients can arrange for door-to-door transportation from home for scheduled appointments. Transportation services are provided Monday through Friday, 7:00 a.m. to 5:00 p.m.

In August 2007, MLK provided transportation to 470 patients and companions. This compares to 426 patients and companions who were provided transportation in July 2007 and reflects an increase of 10%.

2-1-1 Call Volume and Campaign to Inform Community of Service Changes

In August 2007 there were 308 calls to 2-1-1 related to MLK. This compares to 268 calls in July 2007 and reflects an increase of 15%. Callers to 2-1-1 have the option of receiving recorded information on MLK, speaking to a call center operator, or being transferred directly to the MLK MACC. DHS is in close contact with 2-1-1 to monitor call volume and update messages as appropriate.

The bilingual media campaign to educate South Los Angeles community residents about MLK service changes has been fully implemented and all print and broadcast elements are now running. The key messages of the campaign are to notify residents that urgent care and clinic services are open, and emergency and inpatient services are closed. Components of the media campaign include:

- A total of 485 radio spots have begun airing on Hispanic and African- American stations. The Spanish commercials are airing on Univision stations and the English ads are airing predominantly on KJLH.
- Quarter-page print ads are running in the Compton Bulletin, CA Crusader, LA Watts Times and ACC; quarter-page ads are also running in La Opinion.
- A bilingual direct mailout has been sent to 300,000 residences in the MLK service area, and 10,000 bilingual flyers have been distributed to area churches and public housing projects, in addition to key community partner and advocacy groups.
- 2,000 bilingual interior bus signs are running in bus routes in the MLK service area; 10 bus shelter signs are also posted within 3 miles of the MLK MACC.

In addition to the campaign, the Department continues to pursue public relations opportunities to help drive the messages of the campaign and educate the community about available services. KCET will air an upcoming segment on the service changes and future of the facility, and the Department continues to reach out to both general market and Spanish-language public affairs programs, in addition to providing regular updates to local beat reporters.

Impacted Hospitals – Emergency Department Volume and 9-1-1 Transports

As part of the MLK contingency plan, the Emergency Medical Services (EMS) Agency, in collaboration with EMS field providers and surrounding hospitals, redrew the current ambulance services area to redirect 9-1-1 ambulances in an effective manner while limiting disruption to the EMS system to the greatest degree possible. Nine private

hospitals were designated as "impacted" hospitals and were offered an agreement including reimbursement for uninsured 9-1-1 patients and priority for transfers into the County and MetroCare contract facilities.

There is no doubt that the redirection of 9-1-1 and walk-in patients has impacted surrounding private and public hospitals. The EMS plan was structured to distribute patients proportionately to the degree possible. Patient volumes and emergency department visits will be monitored by the EMS Agency on an ongoing basis.

Emergency Department Volume

The nine impacted private hospitals have a total of 273 emergency department treatment stations. During the week ending September 1, 2007 a total of 1,168 patients registered in their emergency departments (Attachment II). This compares to 1,178 patients during the week ending August 25, 2007 and reflects a 1% decrease. Harbor-UCLA Medical Center experienced a 3% decrease in emergency department patient registration during this time period from 213 in the week ending August 25 to 207 in the week ending September 1. LAC+USC Medical Center also experienced a 3% decrease from 432 to 419 emergency department patients. This data is self-reported by the hospitals.

DHS is conducting additional analysis of the impact of the closure of MLK-Harbor Hospital on the nine impacted private hospitals. The nine impacted private hospitals did not routinely collect data in a standardized way on the number of emergency department visits prior to DHS requesting this information for the week ending August 25, 2007. For this reason DHS is not able to readily compare data for the weeks before and after the MLK-Harbor Hospital closure. DHS is working with the Hospital Association of Southern California (HASC) to develop a methodology to obtain baseline data for the nine impacted private hospitals. In addition, DHS is obtaining Office of Statewide Health Planning and Development (OSHPD) data on hospital admissions and emergency department visits by patient's ZIP code. This data will allow DHS to monitor trends in where patients from the MLK service area are obtaining inpatient and emergency department care before and after the closure of MLK-Harbor Hospital. DHS will report on this data in future weekly reports.

9-1-1 Transports

During the week ending September 1, 2007, there were a total of 244 9-1-1 transports to the nine impacted private hospitals (Attachment II). This compares to 240 9-1-1 transports during the week ending August 25, 2007 and reflects a 2% increase. Harbor-UCLA Medical Center experienced a 33% increase in 9-1-1 transports from 60 to 80. LAC+USC Medical Center had a 2% decrease from 46 to 45. This data is self-reported by the hospitals.

Baseline information on 9-1-1 transports is not currently available for the nine impacted private hospitals for the weeks preceding the closure of MLK-Harbor Hospital. There is a 90 to 120 day delay in the submission of data by fire departments as allowed by their contracts. DHS is working with its EMS Agency to develop a methodology for obtaining this information and will include it in future reports.

The Los Angeles City Fire Department has reported an increase in 9-1-1 calls of approximately 6 to 7 calls per day. The Los Angeles County Fire Department has reported no increase in call volume but has experienced extended transport and emergency department wait times.

The nine impacted private hospitals are reporting an increase in the number of 9-1-1 patients that exceeds the number previously seen at MLK-Harbor Hospital, which was approximately 30 per day. These hospitals may have previously been receiving patients from the MLK service area for reasons such as:

- EMS staff estimate that 4 to 6 patients per day may have gone to private hospitals when MLK-Harbor was on diversion.
- Patients in the ZIP codes surrounding MLK may have requested to be taken to other facilities if they had private insurance and their medical problems were not deemed life threatening by the paramedics.
- There may be an overall increase in calls to paramedics from the MLK ZIP codes since the hospital closure.
- These data may include non-9-1-1 ambulance traffic such as intra-facility transfers.

DHS will work with the impacted private hospitals and the EMS Agency to analyze these possibilities and overall trends and will include additional information and analysis in future reports.

Emergency Department Diversion

In August 2007, DHS hospitals were on diversion to 9-1-1 traffic due to saturation of their emergency departments 28% of the time (842 hours) (Attachment III). This is a decrease from August 2006 when they were on diversion 46% of the time (1,342 hours). The nine impacted private hospitals were on diversion 12% of the time in August 2007 (530 hours) and 13% of the time in August 2006 (568 hours). Among the nine impacted private hospitals the only significant increase in the percentage of time on diversion when comparing August 2006 and August 2007 occurred at Downey Regional Medical Center which was on diversion 13% of the time in August 2006 and 24% of the time in August 2007. Also, on September 5, 2007, Downey experienced a patient surge and requested diversion of all ambulance traffic which lasted approximately 16 hours. DHS contacted Downey and assisted with the transfer of appropriate patients to DHS facilities. EMS will work with Downey and other hospitals to analyze surges and to take appropriate action.

Employee Mitigation and Transfer

On September 6, 2007, DHS began providing all 1,596 MLK employees with their mitigation letters informing them of their assigned work locations. Of these, 809 employees were assigned to the MLK MACC. Twenty-two (22) employees have not been reassigned pending resolution of performance issues. The remaining employees

have been assigned to other DHS and County facilities. As of mid-day today approximately 700 employees had presented to receive their mitigation letters. Distribution of the letters will continue today and through the weekend. Also, over the weekend, managers will be contacting employees by phone who did not present in person to receive their mitigation letter to notify them of their work location assignment. In addition, registered letters will be sent to the home address of each employee who did not pick up a letter. Employees will begin reporting to their new assignments on Monday, September 10, 2007.

Progress to Reopen MLK-Harbor Hospital

Hammes Company has been retained to work with the County to identify qualified operators who have the capability and interest in operating MLK on the current hospital site. The next step of their process is to request submissions from the potential operators and pre-qualify them based on their proven ability to operate hospitals, their financial stability, and their understanding of the Southern California hospital marketplace and the unique needs of the South Los Angeles community.

Beginning September 5, Hammes placed public advertisements in major Southern California newspapers (LA Times, LA Sentinel, La Opinion, LA Daily News, Long Beach Press Telegram) as well as two national publications (Wall Street Journal, Modern Healthcare) inviting interested parties to contact Hammes to request a prequalification package.

Hammes expects this stage of their work to take a total of four months. While the formal solicitation process is proceeding, the consultants have also contacted several of the large hospital operators that they believe are capable of carrying out a project like MLK to determine their preliminary interest in submitting a proposal in response to the County's Request for Solutions.

Hammes is also working with DHS to develop a 'data room', which will have all of the necessary information about the hospital, its facilities, services, staffing history and operations so the proposers can make an informed submission. Data will be made available to qualified proposers who have signed the necessary confidentiality agreements.

Conclusion

I will continue to update you on the status of the MLK contingency services plan on a weekly basis. If you have any questions or need additional information, please let me know.

BAC:cb

Attachments

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors

Los Angeles County – Department of Health Services

MARTIN LUTHER KING, JR. – MULTI-SERVICE AMBULATORY CARE CENTER
Urgent Care, Primary and Specialty Care Visits
Week Ending August 25, 2007*

Visit Type	7/21/07	7/28/07	8/4/07	8/11/07	8/18/07	8/25/07	Trend Indicator**
Urgent Care	260	284	263	232	190	303	↑
Primary and Specialty Care	1,989	1,983	1,874	1,867	2,050	2,036	→

* Weekly statistics reflect activities beginning on Sunday 12:00 midnight and ending on Saturday 11:59 p.m.

** Trend indicator is calculated by comparing current week to average of previous five weeks (unless otherwise adjusted): Up arrow indicates an increase of 5% or greater, down arrow indicates a decrease of 5% or greater.

SELF-REPORTED POLL OF HOSPITALS IMPACTED BY CLOSURE OF MLK-HARBOR HOSPITAL

Hospital	Average Daily Emergency Department (ED) Volume		
	Week of Aug. 19 to 25, 2007	Week of Aug. 26 to Sep. 1, 2007	% Change in Average Daily Volume from Week of Aug. 19-25, 2007
California Hospital Medical Center: 26 Emergency Department Treatment Stations			
# of Patients Registered in the ED	172	172	0
# of 9-1-1 Transports	57	55	-4
Centinela Freeman Regional Medical Center: 36 Emergency Department Treatment Stations			
# of Patients Registered in the ED	168	163	-3
# of 9-1-1 Transports	54	53	-2
Downey Regional Medical Center: 22 Emergency Department Treatment Stations			
# of Patients Registered in the ED	140	138	-1
# of 9-1-1 Transports	26	28	+7
Kaiser Foundation - Bellflower: 45 Emergency Department Treatment Stations			
# of Patients Registered in the ED	228	233	+2
# of 9-1-1 Transports	26	25	-3
Lakewood Regional Medical Center: 14 Emergency Department Treatment Stations			
# of Patients Registered in the ED	94	94	0
# of 9-1-1 Transports	15	16	+10
Long Beach Memorial Medical Center: 53 Emergency Department Treatment Stations			
# of Patients Registered in the ED	*	*	*
# of 9-1-1 Transports	*	*	*
Memorial Hospital of Gardena: 10 Emergency Department Treatment Stations			
# of Patients Registered in the Emergency	83	75	-9
# of 9-1-1 Transports	15	17	+13
St. Francis Medical Center: 39 Emergency Department Treatment Stations			
# of Patients Registered in the ED	179	179	+0.2
# of 9-1-1 Transports	35	36	+5
White Memorial Medical Center: 28 Emergency Department Treatment Stations			
# of Patients Registered in the ED	114	114	-0.3
# of 9-1-1 Transports	12	14	+18
TOTAL for 9 Private Hospitals: 273 Emergency Department Treatment Stations			
# of Patients Registered in the ED	1,178	1,168	-0.8
# of 9-1-1 Transports	240	244	+2
Harbor/UCLA Medical Center: 55 Emergency Department Treatment Stations			
# of Patients Registered in the ED	213	207	-2.9
# of 9-1-1 Transports	60	80	+33
LAC+USC Medical Center: 72 Emergency Department Treatment Stations			
# of Patients Registered in the ED	432	419	-2.9
# of 9-1-1 Transports	46	45	-2

* Data not reported

HOSPITAL DIVERSION TO 9-1-1 TRAFFIC
DUE OF EMERGENCY DEPARTMENT SATURATION

	August 2006		August 2007		Trend Indicator*
	Hours Diverted	% Diverted	Hours Diverted	% Diverted	
All Hospitals in Los Angeles County	5,688	10%	5,220	9%	↓
All Private Hospitals in Los Angeles County	4,314	8%	4,378	8%	→
County Hospitals	1,374	46%	842	28%	↓
<i>Harbor/UCLA Medical Center</i>	393	53%	372	50%	↓
<i>LAC+USC Medical Center</i>	411	55%	271	36%	↓
<i>MLK-Harbor Hospital</i>	105	14%	60	8%	↓
<i>Olive View Medical Center</i>	465	63%	139	19%	↓
Impacted Hospital Program	568	13%	530	12%	↓
<i>California Hospital Medical Center**</i>	130	17%	44	6%	↓
<i>Centinela Freeman Regional Medical Center***</i>	N/A	N/A	N/A	N/A	
<i>Downey Regional Medical Center</i>	98	13%	181	24%	↑
<i>Kaiser Foundation - Bellflower</i>	93	13%	82	11%	↓
<i>Lakewood Regional Medical Center</i>	33	4%	44	6%	↑
<i>Long Beach Memorial Medical Center</i>	0	0%	3	<1%	
<i>Memorial Hospital of Gardena***</i>	N/A	N/A	N/A	N/A	
<i>St. Francis Medical Center</i>	214	29%	176	24%	↓
<i>White Memorial Medical Center***</i>	N/A	N/A	N/A	N/A	

Definition: Service Area - a defined geographic area assigned to a hospital for 9-1-1 patient destination purposes as per EMS policy.

* Trend indicator is calculated by comparing current month to same month last year. Up arrow indicates an increase of 5% or greater, down arrow indicates a decrease of 5% or greater.

** Shares a Service Area with Good Samaritan Hospital. Both hospitals are able to divert only to each other.

*** These Service Area Hospitals are not permitted to divert 9-1-1 traffic out of their Service Area



Health Services
LOS ANGELES COUNTY

March 14, 2008

**Los Angeles County
Board of Supervisors**

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Second District

Zev Yaroslavsky
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

TO: Each Supervisor

FROM: Bruce A. Chernof, M.D.
Director and Chief Medical Officer

**SUBJECT: STATUS OF THE IMPLEMENTATION OF THE
CONTINGENCY SERVICES PLAN AT MARTIN LUTHER
KING, JR. – HARBOR HOSPITAL**

This is to provide your Board with the monthly report on the status of the Martin Luther King, Jr. - Multi-Service Ambulatory Care Center (MLK MACC), the impact of the closure of MLK-Harbor Hospital, and the progress of the plan to reopen MLK Hospital.

Bruce A. Chernof, M.D.
Director and Chief Medical Officer

John F. Schunhoff, Ph.D.
Chief Deputy Director

Robert G. Splawn, M.D.
Senior Medical Director

MLK MACC Service Indicators

Urgent Care

There were 2,518 urgent care visits (adult and pediatric) provided in February 2008 (Attachment I). This is a 25% increase from February 2007 when 2,021 visits were provided. There were 2,611 urgent care visits provided in January 2008.

There were 211 patients transferred out of the urgent care center to hospitals (primarily Harbor-UCLA Medical Center) during February 2008 compared to 217 in January 2008. Twelve of these transfers were initiated through a call to 9-1-1.

Outpatient Primary and Specialty Care Visits

The number of outpatient primary and specialty care visits provided in February 2008 was 10,625 (Attachment I). This is a 13% increase from February 2007 when 9,391 visits were provided. There were 10,972 outpatient primary and specialty care visits provided in January 2008.

Patient Transportation for Scheduled Appointments

Patient transportation services are available between the MLK MACC, Harbor-UCLA Medical Center, Hubert H. Humphrey Comprehensive Health Center, and Dollarhide Health Center. Patients can arrange for door-to-door transportation from home for scheduled appointments. Transportation services are provided Monday through Friday, 7:00 a.m. to 5:00 p.m.

In February 2008, MLK provided transportation to 459 patients and

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companions. This compares to 470 patients and companions who were provided transportation in January 2008.

2-1-1 Call Volume

In February 2008 there were 234 calls to 2-1-1 related to MLK. This compares to 282 calls in January 2008. Callers to 2-1-1 have the option of receiving recorded information on MLK, speaking to a call center operator, or being transferred directly to the MLK MACC.

Impacted Hospitals – Emergency Department Volume and 9-1-1 Transports

As reported previously, the Emergency Medical Services (EMS) Agency, in collaboration with EMS field providers and surrounding hospitals, redrew the ambulance service areas to redirect 9-1-1 ambulances in an effective manner while limiting disruption to the EMS system to the greatest degree possible. The EMS Agency continues to monitor the EMS system and work with field personnel and fire departments to ensure that all pre-hospital care personnel understand the new service area rules.

The EMS Agency continues to closely monitor redirected ambulance traffic. The average daily number of patients registered in the emergency departments (EDs) of the impacted hospitals and the average daily number of 9-1-1 transports has generally remained level since shortly after the closure of MLK-Harbor Hospital. All impacted hospitals continue to report a sustained increase in ambulance traffic, ED volume, and demand for inpatient beds. Hospital diversion hours have increased and the EMS Agency has received verbal reports that all EDs have been very busy.

Nine private “impacted” hospitals were offered an agreement including reimbursement for uninsured 9-1-1 patients from MLK’s geographical area and priority for transfers into the County and MetroCare contract facilities. Additional funding was also allocated for physician reimbursement of 9-1-1 and walk-in patients. Seven of the nine hospitals signed the agreement. The EMS Agency hosts a bi-weekly conference call with the impacted hospitals to answer questions and concerns regarding the Impacted Hospital Program (IHP) contract and patient transfers into the County system.

The ED volume and 9-1-1 transport data provided below are self-reported by the hospitals. The nine impacted private hospitals did not report ED or 9-1-1 transport data to DHS prior to DHS requesting this information at the time MLK-Harbor Hospital closed. For this reason DHS has not been able to compare data for the period before and after the closure of the Hospital.

The Office of Statewide Health Planning and Development (OSHPD) captures data on the utilization of health care services including emergency department visits. This data can be used to analyze trends over time. However, there is a significant lag between the end of the reporting period and the time the data become available. As soon as this OSHPD data becomes available, DHS will analyze it and prepare a report for your Board.

Emergency Department Volume

During February 2008, a daily average of 1,274 patients registered in the EDs of the eight impacted hospitals that reported data for the month (Attachment II). This reflects a 14% decrease from the daily average of 1,482 patients during January 2008, however this decrease is largely attributable to one impacted hospital not reporting data for the month of February. Harbor-UCLA Medical Center registered a daily average of 311 ED patients during February 2008, compared to 298 the prior month. LAC+USC Medical Center registered a daily average of 495 ED patients during February 2008, compared to 447 the prior month. This data is self-reported by the hospitals.

To alleviate overcrowding at Harbor-UCLA Medical Center's ED, staff from the Medical Alert Center has been assigned to Harbor to assist in transferring patients requiring admission to other facilities with the capacity to treat them. In February there was an average of two to three transfers per day. There has been a decrease in the number of patients transferred due to the limited number of available hospital beds.

9-1-1 Transports

During February 2008, there was a daily average of 255 9-1-1 transports to the eight impacted hospitals that reported data for the month (Attachment II). This reflects a 10% decrease from the daily average of 282 9-1-1 transports during January 2008, however this decrease is largely attributable to one impacted hospital not reporting data for the month of February. Harbor-UCLA Medical Center had a daily average of 30 9-1-1 transports during February 2008, compared to 31 the prior month. LAC+USC Medical Center had a daily average of 56 9-1-1 transports during February 2008, compared to 48 the prior month. This data is also self-reported by the hospitals.

Impacted Hospital Transfer Program

During February 2008, the impacted hospitals referred 102 eligible patients to the EMS Agency for transfer into DHS and other hospitals. This compares to 121 eligible patients in January 2008. Of the 102 eligible patients referred in February 2008, 32 were accepted for transfer. The main reasons why eligible patients were not accepted for transfer were: the patient was discharged (31), the patient was transferred to another facility (10), the patient no longer had an acute care need (7), the referral was cancelled by the sending facility (7), there was no capacity (5), and the request was cancelled because the patient was unstable (5).

The 32 patients that were transferred went to the following hospitals: LAC+USC Medical Center (15), Harbor-UCLA Medical Center (8), St. Vincent's Medical Center (4), Olive View-UCLA Medical Center (2), Rancho Los Amigos National Rehabilitation Center (2), and Los Angeles Community Hospital (1).

Progress to Re-open MLK-Harbor Hospital

Negotiations are actively continuing with potential outside operators. Additional information will be provided as it becomes available.

Each Supervisor
March 14, 2008
Page 4

Conclusion

For your information, please find attached a summary of actions taken to date to implement the MLK Contingency Plan (Attachment III) and SB 474 - South Los Angeles Medical

Services Preservation Fund (Attachment IV).

If you have any questions or need additional information, please let me know.

BAC:cb
708:004

Attachments

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors

Los Angeles County Department of Health Services
MARTIN LUTHER KING, JR. - MULTI-SERVICE AMBULATORY CARE CENTER
Urgent, Primary and Specialty Care Visits

	January	February	March	April	May	June	July	August	September	October	November	December
Urgent Care¹												
2007	1,974	2,021	2,097	1,826	1,965	1,537	1,430	1,328	1,794	2,176	2,037	1,967
2008	2,611	2,518										
% Change from 2007	32.3%	24.6%										
Primary and Specialty Care												
2007	10,312	9,391	10,774	10,586	10,971	9,723	8,471	9,143	7,712	9,565	9,367	9,004
2008	10,972	10,625										
% Change from 2007	6.4%	13.1%										

¹ Urgent care visits include pediatric and adult urgent care visits.

Los Angeles County Department of Health Services
SELF-REPORTED POLL OF HOSPITALS IMPACTED BY CLOSURE OF MLK-HARBOR HOSPITAL
Average Daily Emergency Department (ED) Volume

Hospital	AUG 2007 ¹	SEP 2007	% CHG FROM AUG '07	OCT 2007	% CHG FROM SEPT '07	NOV 2007	% CHG FROM OCT '07	DEC 2007	% CHG FROM NOV '07	JAN 2008	% CHG FROM DEC '07	FEB 2008	% CHG FROM JAN '08
California Hospital Medical Center: 26 ED Treatment Stations													
# of Patients Registered in the ED	172	169	(1.7%)	166	(1.8%)	156	(6.0%)	155	(0.6%)	172	11.0%	176	2.3%
# of 9-1-1 Transports	56	56	0.0%	51	(8.9%)	50	(2.0%)	46	(8.0%)	48	4.3%	49	2.1%
Centinela Freeman Regional Medical Center: 36 ED Treatment Stations													
# of Patients Registered in the ED	166	168	1.2%	169	0.6%	171	1.2%	175	2.3%	175	0.0%	178	1.7%
# of 9-1-1 Transports	52	58	11.5%	57	(1.7%)	58	1.8%	55	(5.2%)	61	10.9%	53	(13.1%)
Downey Regional Medical Center: 22 ED Treatment Stations													
# of Patients Registered in the ED	140	132	(5.7%)	129	(2.3%)	130	0.8%	124	(4.6%)	137	10.5%	138	0.7%
# of 9-1-1 Transports	26	23	(11.5%)	23	0.0%	22	(4.3%)	23	4.5%	23	0.0%	22	(4.3%)
Lakewood Regional Medical Center: 14 ED Treatment Stations													
# of Patients Registered in the ED	94	93	(1.1%)	96	3.2%	95	(1.0%)	94	(1.1%)	104	10.6%	101	(2.9%)
# of 9-1-1 Transports	16	15	(6.3%)	14	(6.7%)	17	21.4%	19	11.8%	21	10.5%	17	(19.0%)
Kaiser Foundation - Bellflower: 45 ED Treatment Stations													
# of Patients Registered in the ED	232	230	(0.9%)	236	2.6%	228	(3.4%)	223	(2.2%)	250	12.1%	*	*
# of 9-1-1 Transports	26	27	3.8%	24	(11.1%)	23	(4.2%)	25	8.7%	24	(4.0%)	*	*
Long Beach Memorial Medical Center: 53 ED Treatment Stations													
# of Patients Registered in the ED	228	238	4.4%	243	2.1%	235	(3.3%)	239	1.7%	271	13.4%	286	5.5%
# of 9-1-1 Transports	55	*	*	40	*	37	(7.5%)	39	5.4%	41	5.1%	44	7.3%
Memorial Hospital of Gardena: 10 ED Treatment Stations													
# of Patients Registered in the ED	81	83	2.5%	83	0.0%	77	(7.2%)	71	(7.8%)	77	8.5%	77	0.0%
# of 9-1-1 Transports	15	15	0.0%	17	13.3%	15	(11.8%)	14	(6.7%)	15	7.1%	14	(6.7%)
St. Francis Medical Center: 39 ED Treatment Stations													
# of Patients Registered in the ED	173	175	1.2%	173	(1.1%)	167	(3.5%)	171	2.4%	180	5.3%	189	5.0%
# of 9-1-1 Transports	34	34	0.0%	30	(11.8%)	31	3.3%	36	16.1%	34	(5.6%)	37	8.8%
White Memorial Medical Center: 28 ED Treatment Stations													
# of Patients Registered in the ED	112	115	2.7%	113	(1.7%)	110	(2.7%)	104	(5.5%)	116	11.5%	129	11.2%
# of 9-1-1 Transports	13	16	23.1%	17	6.3%	16	(5.9%)	17	6.3%	15	(11.8%)	19	26.7%
TOTAL													
# of Patients Registered in the ED	1,398	1,403	0.4%	1,408	0.4%	1,369	(2.8%)	1,356	(0.9%)	1,482	9.3%	1,274	(14.0%)
# of 9-1-1 Transports	293	244	(16.7%)	273	11.9%	269	(1.5%)	274	1.9%	282	2.9%	255	(9.6%)
Harbor/UCLA Medical Center: 55 ED Treatment Stations													
# of Patients Registered in the ED	208	210	1.0%	219	4.3%	243	11.0%	262	7.8%	298	13.7%	311	4.4%
# of 9-1-1 Transports ²	10	12	20.0%	27	125.0%	27	0.0%	28	3.7%	31	10.7%	30	(3.2%)
LAC+USC Medical Center: 72 ED Treatment Stations													
# of Patients Registered in the ED	429	411	(4.2%)	430	4.6%	409	(4.9%)	390	(4.6%)	447	14.6%	495	10.7%
# of 9-1-1 Transports	45	51	13.3%	50	(2.0%)	48	(4.0%)	48	0.0%	48	0.0%	56	16.7%

All figures are based on data submitted by each hospital - updates are made as they are received.

* Not reported/available

¹ The month of August 2007 contains data starting 8/16/07.

² Beginning the week of 9/30/07, Harbor/UCLA Medical Center began reporting all ambulance transports (Medical, Trauma, Advanced Life Support (ALS), and Basic Life Support (BLS)). Prior to the week of 9/30/07 BLS transports were not included in the total.

MLK Contingency Plan - Six Month Review

Action	Status
<p>1. Redirect 9-1-1 ambulance transports to nine (9) area hospitals surrounding MLK (also see SB474 steps below).</p>	<p>Completed.</p> <p>9-1-1 ambulance transports were redirected effective 8/10/07. The Round Robin procedure was in operation effective 8-15-07. The DHS Emergency Medical Services (EMS) Agency held multiple meetings with 9-1-1 providers to review and refine procedures including Los Angeles County Fire Department (10/9/07), Los Angeles City Fire Department (10/24/07), and affected providers (10/18/07, 11/1/07). Adjustments were made to the transportation destination procedure specific to Downey Regional Medical Center effective 2/1/08. On 11/6/07 a presentation was made to the Board of Supervisors on the impact of MLK-Harbor Hospital closure on the 9-1-1 system.</p> <p>The EMS Agency will continue monitoring the Round Robin procedure and make refinements as needed.</p> <p>A formal review and approval of the EMS Round Robin procedure is anticipated to go to the EMS Commission for approval in May 2008.</p>
<p>2. Close the Emergency Department (ED).</p>	<p>Completed.</p> <p>The MLK-Harbor Hospital emergency department was closed effective 8-10-07. Urgent care services continued at the MLK Multi-Service Ambulatory Care Center (MACC).</p>
<p>3. Operate an Urgent Care Center (UCC) as part of the Multi-service Ambulatory Care Center (MACC).</p>	<p>Completed.</p> <p>The Urgent Care Center provides services 16 hour per day, seven days a week. Urgent Care Center patients requiring a higher level of service are transferred primarily to Harbor-UCLA Medical Center. Urgent Care Center volume was originally projected to be approximately 20,000 visits annually. Current utilization indicates that volume could be approximately 31,000 visits annually. Urgent Care Center hours of operation will be reassessed through the HMA analysis targeted for March 2008.</p> <p>Effective 1-8-08, a mini-Medical Alert Center (mini-MAC) was implemented at Harbor-UCLA Medical Center and operates Monday through Friday to assist with decompressing Harbor's emergency department and to redirect MLK UCC admissions to Rancho Los Amigos and St. Vincent Medical Center, as appropriate. The daily average number of transfers is approximately 2 to 3.</p> <p>The mini-MAC services are projected to expand in March 2008 to include redirecting Hubert H. Humphrey Comprehensive Health Center Urgent Care Center admissions to Rancho Los Amigos and St. Vincent Medical Center, as appropriate.</p>
<p>4. Maintain on-site ambulance services at MLK for emergent care transfers from Urgent Care to Harbor-UCLA Medical Center as long as needed.</p>	<p>Completed.</p> <p>Effective 8-10-07, on-site ambulance services have been available at the MLK MACC for emergent transfers. The EMS Agency has worked with the MLK MACC Urgent Care Center to increase use of contract transport and reduce use of 9-1-1 ambulance transport, when appropriate. On 11/13/07, a contract amendment for the continued provision of advanced life support and critical care ambulance transportation services with American Medical Response of Southern California (AMR) was approved by the Board of Supervisors.</p> <p>The EMS Agency will continue monitoring ambulance services at the MLK MACC and make refinements as needed.</p>
<p>5. Phase out inpatient beds at MLK-Harbor Hospital on an orderly basis over a period of ten days. If patient safety dictates, inpatient operations to cease as soon as possible.</p>	<p>Completed.</p> <p>Inpatient services were discontinued at MLK-Harbor Hospital on 8/22/07. Planning is underway to re-open MLK Hospital with a private or County operator.</p>

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6. Implement bilingual communication outreach program.	<p>Completed.</p> <p>The Department engaged in a large scale campaign between August and October 2007 to inform the community that MLK MACC was open and that primary, specialty and urgent care services were being provided. The paid campaign included radio spots, newspaper print ads, interior bus signs, and bus shelter signs. Over 100,000 flyers in multiple languages were distributed and a direct mail-out was sent to 300,000 households in the MLK service area. The MLK MACC continues to outreach to the community and providers through health fairs, providing information to community based organizations, meeting with community health providers, etc.</p> <p>The Department proposes to implement the next phase of the outreach campaign in Spring 2008.</p>
7. Retain same 153 bed capacity existing prior to the 9-06 CMS survey by opening an additional 52 beds at Rancho Los Amigos, 20 beds at Harbor-UCLA Medical Center, and 17 beds through existing MetroCare private hospital contracts, and retaining 64 inpatient beds previously opened at County and private facilities under the MetroCare plan.	<p>In Progress.</p> <p>Rancho (30 of 52 beds) effective 1/12/08. Average Daily Census = 17.</p> <p>Harbor-UCLA Medical Center (20 beds) effective 1/12/08. Average Daily Census = 20.</p> <p>St. Vincent (17 beds) effective 8/10/07. Average Daily Census ranges from 2 to 10.</p> <p>The EMS Agency is working with the MLK MACC Urgent Care Center and Rancho Los Amigos to improve direct transfers to Rancho and St. Vincent.</p>
8. Maintain all existing outpatient clinics for medical and surgical specialties through a Multi-service Ambulatory Care Center (MACC) at MLK.	<p>Completed.</p> <p>Outpatient primary, specialty, and urgent care services are available at the MLK MACC.</p> <p>Initial staffing analysis and reassignments completed on 11/30/07. HMA analysis and implementation of final MACC staffing is targeted for completion in May 2008.</p>
9. Maintain inpatient and outpatient psychiatric services at the MLK Augustus F. Hawkins site.	<p>Completed.</p> <p>The license for inpatient psychiatric services was transferred to LAC+USC Medical Center effective 10/1/07.</p> <p>The DMH-operated August F. Hawkins Urgent Care Center continues to provide service on site.</p>
10. Staffing analysis	<p>In Progress.</p> <p>MLK MACC staffing was budgeted at 899 employees in FY 2007-08 final budget. The FY 2008-09 fiscal forecast includes 730 employees. The Health Management Associates (HMA) MLK MACC staffing analysis and implementation, which is currently underway, is needed for the final FY 2008-09 budget proposal. This analysis is targeted for completion in May 2008.</p>
11. Facilitate transfers from Impacted Hospital Program (IHP) to DHS or MetroCare facilities.	<p>In Progress.</p> <p>The EMS Agency developed priority for transfers from IHP hospitals to DHS or MetroCare facilities effective 8/10/07.</p> <p>Effective 1-8-08, a mini-Medical Alert Center (mini-MAC) was implemented at Harbor-UCLA Medical Center and operates Monday through Friday to assist with decompressing Harbor's emergency department and to redirect MLK UCC admissions to Rancho Los Amigos and St. Vincent Medical Center, as appropriate. The daily average number of transfers is approximately 2-4. The mini-MAC is expected to assist with Harbor's capacity to accept transfers of higher acuity patients from IHP hospitals.</p>

MLK Contingency Plan - Six Month Review

12. Licensed placed into suspense.	<p>Completed.</p> <p>The MLK-Harbor Hospital license was placed into suspense effective 8-24-07.</p> <p>The Department will request State DHS to extend license suspense for one year to 8/23/09 in conjunction with County Counsel.</p>
13. Public Hearings and Notification.	<p>Completed.</p> <p>The Beilenson Hearing was held on 10/30/07.</p>
14. Restoration of inpatient and emergency services at MLK (private or County operated).	<p>In Progress.</p> <p>In September 2007 a contract was implemented with Hammes to conduct a Request for Solutions to identify a private operator. The identification of potential private operators is in process. The Department is also developing a plan to re-open the hospital as County-operated if an outside operator is not identified.</p>
15. Amend hospitalist/intensivist contract for use at Rancho.	<p>Completed.</p> <p>The hospitalist/intensivist contract was amended for use at Rancho Los Amigos effective 11/20/07.</p>
16. Amend emergency department group contract (CEP) for conversion from ED to UCC at MLK MACC.	<p>Completed.</p> <p>The contract was amended effective 8-16-07.</p>
17. Harbor emergency room (ER) decompression.	<p>In Progress.</p> <p>The Department implemented the Harbor emergency room decompression plan subsequent to the original MLK contingency plan. The Harbor emergency room implemented a Rapid Medical Assessment program on 2/13/08. A hospitalist contract is anticipated to be in place on 4/1/08. The Harbor Urgent Care Center is scheduled to expand on weekends by offering services for 16 hours each on Saturdays and Sundays. Implementation of the CORE Cardiac Care Management program is targeted for FY 2007-08 and the Expedited Work-up Clinic for FY 2008-09.</p>

Status of Actions to Implement SB474 (FY 07/08)

Action	Status
1) Implement contracts to reimburse hospital costs for indigent patients brought to contracted impacted hospitals by 9-1-1 ambulance from zip codes previously served by MLK-Harbor Hospital (\$8.960 million).	Completed. Seven of the nine impacted hospitals signed contracts effective 8/10/07. Payments to hospitals began in January 2008. The Department met with impacted hospital CEOs on 11/5/07, 12/20/07, and 1/28/08. The EMS Agency conducts bi-weekly meetings with impacted hospital case-management and billing offices. Hospital and physician training sessions have been provided.
2) Distribute Supplemental Medi-Cal Payments for Private impacted Hospitals (\$8.770 million).	Completed. Distribution methodology and allocations finalized 1/15/08. The State will distribute payments directly to the impacted hospitals.
3) Implement contract with St. Vincent Medical Center - MetroCare transfer patients (\$3.196 million).	Completed. St. Vincent contract is in place and payments are ongoing.
4) Private physician reimbursement for care provided at impacted hospitals to uninsured patients from MLK service area (\$2.614 million).	Completed. Program is implemented with all impacted hospital program physicians. Payments dependent on hospital claims. First payments distributed in February 2008. NEED TO CONFIRM DATE WITH CAROL

Action	Status
5) Contract for Urgent care/Walk-in Services – SPA 6 Public Private Partnership (PPP) providers (\$1.000 million).	Completed. Contracts with SPA 6 PPPs for expanded urgent care/walk-in services were approved by the Board of Supervisors in February 2008.
6) Release Strategic Initiatives Request for Proposals (RFP) (\$5.000 million)	In Progress. RFP for impacted hospitals and PPPs within a defined radius of MLK to implement strategic initiatives for expansion of primary, specialty, and/or urgent care services will be released in FY 2007-08.